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HOSPITAL
JOURNAL**



JUNE 1952

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ST. BARTHOLOMEW'S HOSPITAL JOURNAL

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June, 1952

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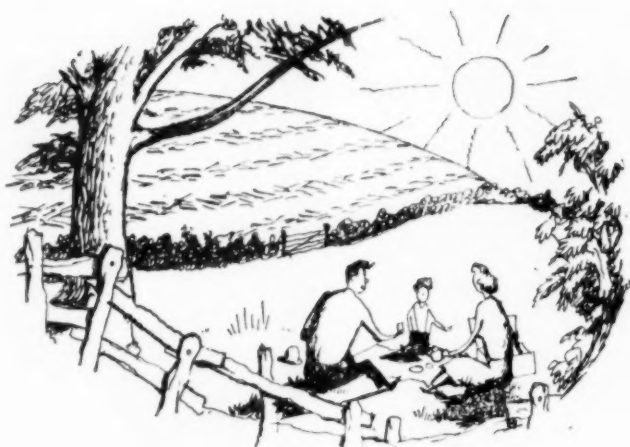
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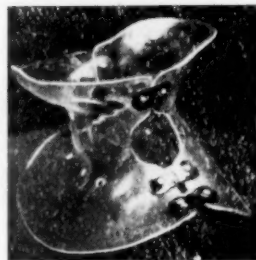
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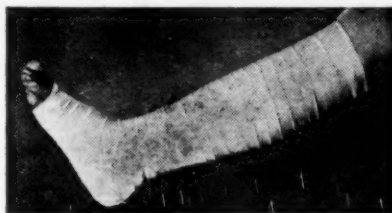
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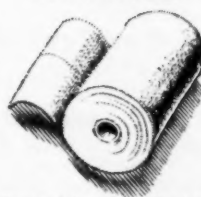
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ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

Vol. LVI

JUNE, 1952

No. 6

WHERE IS WILLIAM HARVEY TO GO?

ONE of the most interesting and entertaining characteristics of "The Times" is its habit of fomenting small private disputes—esoteric storms which threaten to crack the teacups that hold them before they subside as quickly as they arose. Recently there has been the Controversy over the Chilianwalla Obelisk. As readers are, of course, aware Chilianwalla was the scene of the battle that settled the fate of the Second Sikh War. A commemorative pile was raised in the grounds of Chelsea Hospital, and now someone wants to move it to Brecon. The Colonel of the South Wales Borderers—whose regiment won the battle—says in effect: "Over my dead body".

More recently still a new storm has arisen—or rather, it has been blowing up for some months and "The Times" is just giving it an airing—if you will forgive the mixture of metaphors. This concerns the fate of William Harvey's tomb.

On April 1 last the Harveian Society celebrated, as always, Harvey's birthday—on this occasion at his birthplace, Folkestone. The ceremony was attended by local civic, religious and medical dignitaries and protests were made about the condition of St. Andrew's Church, Hempstead, Essex and the Harvey chapel therein, which contains the sarcophagus of William Harvey, erected by the Royal College of Physicians in 1883. The President of the Harveian Society said that it would cost between £16,000—£25,000 to restore the Church and that while many were generous with advice, none had reached for their cheque books. It was resolved that Harvey's remains should be moved and four suitable resting-places were

suggested—Canterbury Cathedral, Folkestone parish church, Westminster Abbey, and St. Bartholomew's, London. The Vicar of Folkestone said he could not promise a place for Harvey's remains in his church, and read a letter from the Bishop of Colchester (in whose archdeaconry the parish of Hempstead lies), who, like the Colonel of the South Wales Borderers, says in effect: "Over my dead body".

On April 9 "The Times" published a report on the state of Hempstead Church and two photographs, one showing Harvey's tomb, and the other the bells of the church still lying in the church yard where they have been since the tower collapsed in 1882—one year, you will notice, before the Royal College saw fit to resurrect Harvey's coffin from the family vault lying under the chapel and to erect round it a sarcophagus. "The Times" correspondent says of it, "It is large and far from handsome". He confirms that the Harvey chapel is in a poor state, and goes on to point out a possible reason. Hempstead, it seems, has two "favourite sons". Harvey is buried there, but no less a person than Dick Turpin was born there. And if many have heard of Harvey, many, many more have heard of Dick Turpin, who, incidentally, is still a commercial proposition, as any publican will tell you. He concludes: "Perhaps it is one of Turpin's crimes that he has stolen the doctor's thunder".

Five days later "The Times", perhaps feeling that events were not moving quite fast enough, returned to the issue, this time in a Fourth Leader, entitled "Unequal Fame". The writer describes how the many pilgrims to Hempstead travel not to the tomb of

Harvey but to the pub of Turpin. "Poor Harvey has no chance from the start. The circulation of the blood was a great discovery, but it cannot be called romantic, whereas Turpin . . . with his mythical Black Bess and their mythical rides together . . . simply oozes with murky romance".

This had its desired effect, for on the following day, April 15, the first letter appeared—from the Bishop of Colchester. He grants that the fabric is not too good, but complains that when he asked various bodies in the medical profession two years ago to help restore the chapel they at first suggested enthusiastic and lucrative schemes, but then underwent a change of heart and now only want to remove the remains. He goes on to the effect that if the doctors won't help, Essex will help herself, and concludes: "at Hempstead the body of William Harvey, as truly as the Shunammite in her time and place, dwells among his own people."

In a rather narrow sense this is true, for Harvey lies above the family vault containing thirteen members of his own family. But as Mr. Geoffrey Keynes pointed out four days later—and here the tale starts coming near home—Harvey's entombment at Hempstead is quite fortuitous. On his death he left to his brother, Eliab, the decision as to where he should be buried, and Eliab who was a wealthy man, had brought various properties up and down the country and preferred his Manor of Hempstead to the others, built a family vault in the local church and put William in it. Mr. Keynes implies, rather than says, that he dislikes the sarcophagus, but admires the monument and bust of Harvey on a neighbouring wall. "I believe it to be not only a life-like rendering of Harvey's features, but also a good work of art."

So runs the controversy, and it will probably be many months or years before a decision is reached. But that is no reason why the *Journal* should not add a little fuel if it can.

The proposal to move Harvey from Hempstead has been so tactlessly made that it is no wonder that the villagers and their Bishop are indignant. A direct proposal to transfer Harvey to Westminster Abbey would probably have been regarded as an honour rather than a slight, but the original meeting at Folkestone took the form of a vote of no-confidence in the desire or ability of Hempstead to look after its own,

and has not unnaturally provoked a parochial pyrexia. But £16,000—£25,000 is a lot of money to be found for one church's fabric when the finances of the Church as a whole are so low and her needs so great. The prospects of seeing Harvey in an environment suitable to his fame are, for several years at least, dim indeed. If the parish and Bishop could be persuaded to part with him without further acrimony, many people would be so much the happier.

Assuming this to be done, where is he to go? He was born at Folkestone, but does not seem to have lived there after his childhood, and his removal there does not seem justified. He went to the Grammar School at Canterbury but, again, has no further association with this City, though there is no doubt that the magnificence of the Cathedral is a match to his fame. From there he went to Caius College, Cambridge, who have the best claim so far to a say in his disposal. But there is no evidence that late Elizabethan Cambridge made a marked impression on his mind, and there are two other seats of learning which can lay a much better claim to him.

The best claim, undoubtedly, is that of the University of Padua where Harvey graduated Doctor of Medicine in 1602 and which is described by an Englishman in 1670 as "the Imperial University for Physic of all others in the world." The three men on whose work Harvey built so splendidly—Vesalius, Colombo and Fabricius—all learned and worked there. Copernicus and Galileo were there at important periods of their lives, and besides Harvey, there went there from England John Caius, Sir Thomas Browne and Thomas Vicary, who came to Bart.'s on his return. It cannot be doubted that the training Harvey got at Padua was the most powerful outside influence leading to his great discovery.

But this claim, though the best, is one not likely to be made by Padua. There is there no memorial to Harvey whatever, and it was only after prolonged search that his "stemma," in the form of the Harvey coat of arms, was found—and this is no more than a formal record of his graduation there. Moreover, Italians generally dispute the claim of Harvey to have discovered the circulation, and advance that of a fellow countryman, Cesalpino, who lived about 50 years before Harvey and taught anatomy at Pisa and Rome. No one outside Italy will

support Cesalpino, but then neither will anyone inside Italy support Harvey. So we are not likely to have the Chancellor of Padua University entering the lists of "The Times."

The best English claim to Harvey is that of Bart.'s, where he was physician for 34 years, during which time he worked on and published his great work, *De Motu Cordis*. But if Bart.'s is to have any voice in Harvey's fate, we must have a clear idea in our minds of Harvey's greatness. There can be no doubt that William Harvey was the greatest man to practise medicine at Bart.'s. He stands high above all our other great men, and rubs shoulders on equal terms with such as Newton and Darwin who are not national, but international, figures in the history of science. We, in 1952, know all the answers about the circulation and Harvey's simple explanation of events was so obviously an advance on the complicated theories held by his contemporaries that we may tend to belittle his achievement. How great that achievement was is well described in Butterfield's "The Origins of Modern Science." After describing current theories, such as the direct passage of air from the lungs to the heart and the patent, but invisible, holes in the interventricular septum, he writes, "Here we have a complex system of errors concerning which it has to be noted that the doctrine was not only wrong in itself, but, until it was put right, it stood as a permanent barrier against physiological advance—for, indeed, nothing else could be

right . . . The establishment of the circulation of the blood released physiology for a new start in the study of living creatures."

If, then, Harvey is to come back to Bart.'s, is he to go to St. Bartholomew-the-Less or -the-Great? St. Bartholomew-the-Less is the hospital's own church and was standing in Harvey's time. But it is small and it would not be easy to find room in it for Harvey's tomb. That leaves St. Bartholomew-the-Great—or Westminster Abbey. Harvey's stature is well up to that of the other great men lying in the Abbey, but there are so many there already that he might be as lost in the publicity of the Abbey as he is in the oblivion of Hempstead. And St. Bartholomew-the-Great is not only the oldest parish church in London, but also it is one of the finest. Though far smaller than in the Middle Ages it is still large enough to find room for Harvey and its close connection with Bart.'s from their joint foundation would make it a fitting resting-place for Harvey. It would be suitable indeed if this church which houses the tomb of its own, and our, founder, should also contain the remains of the greatest Bart.'s man.

Where is William Harvey to go? Why, to St. Bartholomew-the-Great, of course!

I.H.B.

[Readers who are interested may care to look at the letter from Dr. David Boatman, in the December, 1935 *Journal* which quotes the "People's History of Essex" and discusses William Harvey and his tomb.

The quotations are reproduced by kind permission of their authors and "The Times."]

Contributors

Dr. Bernard Myers, M.D., F.R.C.P., who writes in this issue, will be well known to many of our readers. He wrote not long ago on diverticulosis of the small intestine, and completes the subject of diverticulosis with the present article. Dr. Myers was born in New Zealand, and was educated at Wellington College, N.Z., before coming to Edinburgh University and Bart.'s where he received his medical training. He qualified M.B. in 1898 and received the Edinburgh M.D. in 1900. Dr. Myers was Director of Medical Services, New Zealand Expeditionary Force in the recent war.

Mr. Warren Yudkin, who writes on American medical education, has had ex-

perience of medical students at Harvard and Yale in the United States and at Cambridge University. He brings to the subject some of the freshness of an impartial observer—being himself not medically qualified.

Everest

Since Professor Matthews' article in the April *Journal*, we have heard that Dr. Charles Warren, who was at the time Chief Assistant to the children's department, went on the 1936 and 1938 expeditions to Mount Everest. Dr. Warren qualified in 1932 and took the M.R.C.P. in 1946. He is the author of papers on climbing and oxygen supply as well as on children's diseases.

Exhibition of Medical Illustration

An Exhibition of Medical Illustration, jointly sponsored by the Medical Group of the Royal Photographic Society and the Medical Artists' Association of Great Britain, will be held at 'The Old Library', British Medical Association House, Tavistock Square, London, W.C.1., from June 13th to June 28th, 1952. The opening ceremony will be performed at 3 p.m. on Saturday, June 14th by Sir Henry Cohen, Professor of Medicine at Liverpool University, and Professor H. J. Seddon, of the Institute of Orthopaedics will preside. Sir Harold Gillies will propose the vote of thanks. There will be shows of selected medical films at 7 p.m. on Thursdays, June 19th and 26th.

It is hoped that work from the Department of Medical Photography of St. Bartholomew's Hospital will be on show.

Dr. Joseph Bell

From a former student at St. Bartholomew's Hospital.

"In 1895 I was in Edinburgh and heard of the renowned person who had made such an impression on Conan Doyle and I greatly looked forward to seeing him.

I had the opportunity of observing Dr. Joseph Bell on many occasions and he fascinated us all, as we never knew what story would next emanate from him. I can still visualise this extraordinary physician driving in his victoria with his coachman, both immaculate but the most immaculate of all was himself. Always neatly and perfectly dressed in the manner usual in those days in the reign of Queen Victoria, with his silk hat immaculate as himself, he would be seen driving along the street between the university and his Hospital, his hands resting one on the other and his eyes—and what eyes, how they seemed to penetrate everywhere—taking in all he saw, like a camera making a picture for a film, but with this difference that his astute mind deduced the importance of everything visible.

Joseph Bell was a fine looking man and, I thought, most distinguished in appearance. His eyes were prominent and yet pleasantly so. One day I met a distinguished surgeon while Dr. Joseph Bell was passing and the surgeon remarked to me, "I cannot understand why Dr. Bell never reads a book instead of watching so many unimportant things." But were they unimportant? I do not think so.

The only other person I have known who was like him in the power of observation was an admiral of the Fleet whom I met in 1915, but extraordinary as were his powers of seeing everything I think the palm must certainly be given to Joseph Bell.

I was informed by several medicoes who were present that on one occasion a man came into the Out-patients and immediately Dr. Bell asked him if he did not belong to a certain Scottish regiment; he answered, "Yes." Then Dr. Bell said, "I see you are in the band"; again, "Yes." Next Dr. Bell said: "I note that you play the big drum;" again, "Yes." "I want to ask you one more question. Did you enjoy your walk in the middle meadow this morning, you must have been there about 6 a.m." "Quite right," answered the bewildered man. When he went out from the room (he was in mufti) the students amazed at what had occurred, asked Dr. Bell how he knew these things. "Quite simple, because I know that the men of the regiment always walk differently from other regiments and like the patient. Again the band have a particular walk varying from the rest and I knew he was the drummer because of the manner in which he held his shoulders and moved his legs." "But how about the Middle Meadow walk?" "That is simpler still," answered Dr. Bell, "for the mud under one shoe was of the kind only seen there and at six o'clock in the morning."

Truly he was a wonderful man and as observation is essential to our profession, the cultivation of it pays big dividends.

Opinion

"—for we may lay it down as a maxim that when a nation abounds in physicians it grows thin of people."

—Addison, 1711.

Change of Address

Dr. H. W. Bunje has changed his address from 53b, Queen's Gardens, W.2, to c/o University College Hospital, Mona, St. Andrew, Jamaica, B.W.I.

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PRE-MEDS IN THE 'COLONIES'

by WARREN H. YUDKIN

Instructor in Chemistry, Northwestern University, Evanston, Illinois, U.S.A.

THE least common denominator, the germ of all doctors in America and England is the same—the undergraduate. The only thing undergraduates have in common anywhere at all is that any generalisation about them is false. I yield to the temptation and will generalise.

When a freshman comes up to an American university he is considerably greener intellectually, than his English counterpart. Thus, the four years the pre-medical student may spend in acquiring a B.A. means that he must at some time be exposed to the elements of inorganic and organic chemistry, elementary biology, comparative anatomy or embryology, elementary physics, and often a foreign language. Very few medical schools dictate the field in which a student must concentrate his B.A. studies providing that he fulfills the above requirements. He may be violently interested in studying Sumerian dialects, obtain his B.A. in archaeology, and still go on to medical school.

Here's the rub. Upon completion of his B.A. or, as many students are allowed to do now, upon completion of his third year, a pre-med must seek to matriculate at a medical school. There is nothing automatic about this process. He must apply and be accepted. American colleges and universities put forth about 25,000 pre-med students a year. The seventy-two four-year medical schools in the country can accommodate but 7,500 freshman students. To increase his chances of matriculation, each pre-med student applies to an average of 1.8 medical schools and therefore each medical school receives an average of six applications for every student accepted and some schools may receive as many as forty. Of the 17,500 failing to gain admission it is estimated that about half have fulfilled the necessary scholastic requirements for admission.

I believe that these figures show the essential difference between the English and American system of medical education. The competition to matriculate at a medical school is so keen here that the qualifications are necessarily high. These qualifications are both academic and personal. A student

is selected by a medical school on a complex and varying combination of academic record, racial, religious and cultural background, personality and clandestine influence. In general it is difficult to predict who will be accepted to a medical school because there are too many *parameters with which to deal.

This competition has given rise to many situations, both good and bad. The average native intelligence of the American medical student is generally higher than the comparable Briton although his level of training may be lower. The prevailing tendency of American higher education is to grant the B.A. for a high level of mediocrity whereas at Oxford and Cambridge the intensity of undergraduate enlightenment varies from abject tenebrosity to peerless resplendence. In America, usually, the idiot is not allowed to continue and the genius is often stifled by the highly touted normality of his comrades.

Once the pre-med becomes a medical student, his work takes the form of two pre-clinical years and two clinical years before he can achieve the degree of M.D. which is a prerequisite to practice. The first year medical student now learns human anatomy (gross and microscopic), biochemistry and physiology—all laboratory sciences. In his second year he takes pharmacology, pathology, bacteriology, immunology, and perhaps physical diagnosis. His third and fourth years are spent in wards, clinics, classrooms, and operating theatres learning basic clinical practice in medicine, surgery, obstetrics, etc. Upon graduation the M.D. may apply for a license to practise medicine from the state in which he resides. In practically all cases he resides in a hospital for one or two years as an interne before beginning to set out on his own, in fact some states will not issue a license to practise until internship is completed. Granting of a license requires that an examination be taken and passed by the applicant and if the doctor changes his residence to another state

* Chamber's Dictionary—"the constant quality which enters into the equation of a curve." A Dictionary of American Slang—"variables."

he must be relicensed. A standard for all medical schools is set up by a National Board which administers examinations to all second year and fourth year medical students in the country. This standard is country-wide and so prevents any single state from licensing anyone obviously deficient. State licensing examinations vary a good deal from state to state and so do the prerequisites, the only uniform one being that the candidate has an M.D. The Federal Government, thus, has no control over the practice of medicine and the states, each differing in laws, can lead to considerable confusion.

The pre-medical student, like any undergraduate here, has what is imperfectly described as an "active" social life. Perhaps it is not so limited by university regulations as it is in England. Most of my experience has been at Yale, Harvard and Cambridge, England, therefore, my vision is limited and must be excused. Now I am in a mid-western co-educational university—a very far cry from what I have known. Still it's broadening. The rules for undergraduate conduct and scholarship at Yale and Harvard were simple, "Stay out of the newspapers (especially Boston newspapers) and get a gentleman's C (roughly equivalent to a low second)." Associated with Harvard University is Radcliffe College for women. The Radcliffe staff is essentially that of Harvard and many classes have both men and women present. Radcliffe is familiarly known at Harvard as the "Annex" and it is generally considered a lapse in taste to go out with an "Annex" girl.

At most American universities there are no residence requirements for men. Often, attendance of classes is required of freshmen. Residences are kept open and hours are unlimited. Oddly enough, the undergraduate who is allowed to remain out until any hour is not credited with any judgment concerning women. Usually, females (even grandmothers) are allowed in undergraduates' rooms only between twelve noon and six in the evening. Americans are often criticised for their haste!

The freshman entering any large university will tend to get lost unless that university is subdivided into social groups. The colleges at Oxford, Cambridge and Yale and the houses at Harvard serve to ease, broaden and guide the friendships the newcomer forms. In many American universities the place of the college is taken by the Greek-

letter social fraternity. The difference between a fraternity and a college becomes apparent when one considers that the members of a fraternity decide who the new members shall be. Thus a self-perpetuating body elects only men exactly like themselves; men with close to identical values, personalities, interests, intelligence, haircuts and friends. A father who is an alumnus of a fraternity often will feed his son those qualities which will make him "the fine Phi Sig his old dad was." Whether these qualities are any good is hardly considered. The greatest evil of the fraternity is that it rigidly delimits friendships, both male and female, for most fraternity men will date only "sorority" girls. (Sororities are, incidentally, even more pernicious than fraternities.) There is nothing new to learn about your friends; they are all the same as yourself. A fraternity gives one the greatest opportunity to develop a jaundiced outlook. Perhaps a lesser evil of the fraternity is the anxiety it causes among those whom it excludes. As a freshman you may see your best friends joining a closely knit fraternity which, for some reason or other, you are not invited to join. Again, your father may consider you a chip off some other block because you have failed to be pledged by his old "frat." Altogether it does not bode good for either the included or the excluded.

The encouraging trend, however, seems to be towards a more balanced approach and to less of the aspect of a select London club. Many universities shackle fraternity activities enough to prevent them from dominating the social scene. And, in fact, many fraternities are beginning to reform themselves. Consequently their membership is broadening together with the perspective of their members. Adverse reaction to the discouragement of fraternity activity comes mainly from the old alumni who threaten to withdraw support, financial and moral, from the university if their old frat is squelched. Also the fact remains that many smaller colleges cannot supply residences for all or most of their students. They have no choice but to encourage a fraternity system which will house and feed undergraduates. The other evils, then, seem unavoidable.

The future of pre-medical education in the United States is indicated by the custom many medical schools now have of admitting students after only three years of

undergraduate work. Indeed, during the war many men matriculated at a medical school after but two years as undergraduates. This is no longer customary, but even so, it showed that it can be done. The more radical medical educators go so far as to suggest that students from high schools enter medical schools directly and, concomitantly, that medical schools extend their training period to five or six years to provide themselves the premedical training these men would acquire in an undergraduate school. This does not seem to be overly practical, I think, because the standards in American high schools seem rather to be declining. Medical education, on the other hand, can never afford to half-rate.

It cannot deny services, all of which are vital, on the excuse of insufficient funds or facilities.

Characteristic, if you will, of Americans is their tendency to proclaim loudly and affectionately their virtue *and* their vice. This communication is highly opinionated, as you can easily see, and perhaps I have dwelled entirely too much upon vice because I have no doubt that you believe the virtues in Americans to be implicit. Lest this be not so, I would say, therefore, in conclusion, that American medical education although wasteful of its material, inadequate in capacity, and tainted with nepotism, gives us what I believe to be the best trained practitioners of modern medicine.

DIVERTICULOSIS OF THE COLON

by BERNARD MYERS

IN the November number of the Hospital Journal, 1949, I wrote an article on Diverticulosis of the intestine and in the summary suggested that certain further investigations should be carried out in the Hospital and laboratories. However, just previous to his passing Dr. Geoffrey Evans asked me to write on this subject and deal personally with the points raised.

Particular information was required on three points: (1) Is there a tendency for the mucous secretion of the colon to be decreased from the age of 45 onwards? (2) What is the cause of the spasm which occurs not infrequently in these cases at the splenic flexure of the colon or in the descending colon? (3) When a patient with diverticulosis of the colon receives a fracture of the right middle ribs followed by splenic spasm, what path does the pain take?

With regard to the first point, I find that no definite work on this subject has been done. From clinical experience it seems to me not unlikely that there is a decrease of mucous secretion in the colon after the age of 45 to 50.

Now as to the second point I have received the following letter from Professor A. J. E. Cave of St. Bartholomew's Hospital Medical College:—

"The Recognised sphincters of the gut beyond the duodenum are:—

(1) The ileo-colic sphincter—an anatomical entity.

(2) The Caeco-colic sphincter—a possible physiological entity.

(3) The mid-colic sphincter—according to some, not a demonstrable anatomical structure.

(4) The recto-colic sphincter—(O'Beirne's sphincter).

In Nos. (2), (3) and (4) there is no demonstrable anatomical arrangement in the nature of a "pylorus"; these sphincters are functional rather than morphological. But wherever there is a tube of circular plain muscle, sphincteric action is always potential, if not actual. The whole of the descending colon from splenic flexure to sigmoid can be looked upon as a physiological sphincter. This part of the gut is usually empty and contracted, for its office is merely to transfer the contents of the distal half of the transverse colon into the storehouse of the pelvic (sigmoid) colon, prior to passage through the rectum at the appropriate time. The observation of sphincteric action anywhere along the descending colon is, therefore, not surprising; functionally this entire piece of gut is nothing more than a much-extended sphincter. Anatomically, however, it is not possible to localise sphincteric action in this bowel segment on any basis of histological structure—i.e., no special modification of the gut-wall can be detected at splenic flexure or elsewhere. And to be a sphincter anatomically a gut-segment must manifest some specific structural arrangement."

The third point is equally difficult of



Specimen from the Royal College of Surgeons museum (by kind permission of Dr. Proger) showing enormous diverticula, commencing two inches from the duodenal-jejunal junction and extending for four feet. Some diverticula were ballooned to the size of a closed fist. A few diverticula were also present in the duodenum. Mr. H. F. Vellacott, of Plymouth, states that the patient complained of going down hill rapidly, loss of weight, vomiting, loose stools, and the presence of a lump in her stomach which "comes and goes." He resected the affected area in the jejunum from the duodenal junction and end to end anastomosis was performed. The patient made an uninterrupted recovery.

explanation and I am indebted to Dr. C. B. B. Dowman, Senior lecturer in Physiology at St. Thomas's Hospital for his explanation of the path of pain after fracture of the right ribs. He states: "I do not think there can be any direct pathway from the site of the injury to the colon. Any consequences of the injury would probably involve a reflex action, the afferent (? pain) impulses entering the spinal cord via the intercostal nerves and dorsal spinal roots. Within the cord the impulses would not only pass upwards in the spino-thalamic tracts, but would also relay within the cord along its proprio-spinal relay fibres. Thence impulses could pass out along the sympathetic and parasympathetic nerves to the colon. In the production of a spasm one suspects that the motor parasympathetic nerves, namely the outflow from the second, third and fourth sacral nerves via the pelvic plexus would be reflexly activated. On the other hand there is the possibility that the spasm was a consequence of an inhibition of the sympathetic outflow, via the inferior splanchnic nerves and inferior mesenteric ganglion, leaving the motor parasympathetic unbalanced. This last seems unlikely to me, but could be borne in mind. The effects of stimulation of the nerves to the colon in man

and in animals are not by any means yet clearly understood. The pathology of a segment of the bowel would make it more reactive to the nervous discharge.

"As to why the spasm should last two days that is another problem. If a reflex nervous discharge started the contraction it is possible that continuing stimulation of pain endings in the chest wall might have kept it up, but, like spasm in arteries, there is the possibility that an extrinsic influence started the spasm and an intrinsic one keeps it up.

"In my experiences with animals the latency of a nervous process would be a matter of seconds.

"Whether one is justified in assuming a spinal reflex alone is open to doubt. Certainly the higher levels, even up to the cerebrum, can influence our intestines via their nerve supply. Do you find that the splenic flexure is liable to spasm on any occasion of mental irritation or frustration? If so, I think we must consider the possibility of a supraspinal factor."

I might add to the above that I have as a child suffered from white (dead) fingers in the cold weather, also been subject to sudden contraction of the muscles of the abdomen and calves, and a contraction of

an artery in the right frontal region at the commencement of attacks of right migraine from which I suffered severely for many years, indeed until my right sinuses were cured by Bedford Russell.

It might prove of interest to relate an experience which I had a year ago when I suffered from right renal colic which continued for two days while the stone was passing down the ureter, and finally entered the bladder and was expelled. The pain remained below the umbilicus during this period. No motion was passed while the colic lasted, nor did high colonic irrigation, which was used twice, result in the passage of any faeces or even flatus. On the third day, after the passage of the stone a natural normal motion was passed. It would appear that the spasm was in the region of the ileocolic sphincter and that it relaxed as the stone passed into the bladder.

Points of clinical importance concerning diverticulosis of the colon have been already dealt with in the previous article in 1949 and all that I would like to emphasise is that I believe the *Predisposing Causes* of Diverticulosis of the Colon to be:— Advancing age with some accompanying trophic changes in the muscular coat and mucous membrane of the colon, sepsis in the colon which may have emanated from the nasal sinuses or the teeth etc., decrease of mucous secretion in the colon with consequent drier faeces and tendency to constipation, and possibly from over-action of the internal anal sphincter. It is just possible that in some cases spondylitis in the lumbar region may play a part through effect on the sympathetic nervous system. Personally, I believe that trophic changes appearing in the colon in many persons from middle-life onwards and diminution of mucous secretion in the colon are the most important. As to the *Exciting Cause* my conviction from clinical observation is that increased pressure produced inside the colon by too great effort at stool acting on the weakened musculature of the colon is all important and I previously produced evidence in support of this contention.

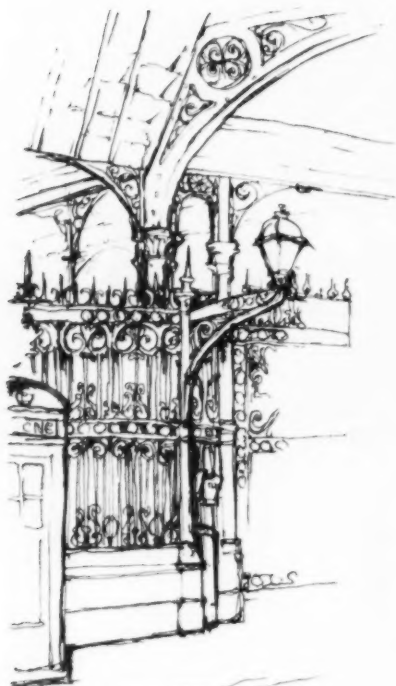
Treatment was dealt with in my previous article including the distinct importance of suitable food for all sufferers and for the individual case, also the necessity for one or better still two easy soft daily actions with as little accompanying effort as possible. For this purpose I advise each case to take a tablespoonful of medicinal paraffin half an

hour before breakfast, followed by a dessert-spoonful before the midday meal, and one or two tablespoonfuls of petrolagar (plain) half an hour before the evening meal. It is further advisable for every person suffering from diverticulosis of the colon to be given high colonic irrigation of the colon (*but only by a really expert nurse in this method of treatment*) at regular intervals which vary with the necessity of each case from once weekly to once in two months. Above all let the sufferer adopt a cheerful attitude of mind.



X-ray by Cecil Bull of my descending colon and pelvic colon show numerous diverticula. They are fairly large, such as are often found in the colon, and are for the most part passive sacs which retain barium and no doubt faeces. There is little associated spasm. Such diverticula, although large for the colon, are relatively small compared with those found in the jejunum.

SMITHFIELD



THE queer juxtaposition of fruit and opera at Covent Garden is paralleled nowhere in London, except at Smithfield where meat and medicine are joint rivals. Unless one is so unfortunate as to come across a meat porter as he reads that his "snip" for the 3.30 came in last, or a medical student as he successfully enters a vein only to find his needle blocked, then one cannot avoid the impression that Smithfield is as respectable as any other part of the City.

But it has only recently become so, for until the middle of the nineteenth century it had had an uninterruptedly notorious history for several hundred years. This reputation Smithfield owes to Bartholomew Fair, to its use as an execution-site, and to the cattle market. Since the latter's removal to Islington in 1852 Smithfield has been nearly as genteel as Portman Square.

Now the fair's a-filling
O for a tune to startle
The birds o' the booths here billing
Yearly with old St. Bartle.

Bartholomew Fair was yet another of Rahere's foundations and was held regularly every August for 700 years. The Priory of St. Bartholomew had the running of it until the Dissolution, but though it soon became the resort of jugglers, wrestlers and every sort of mountebank and thief to be found in London, the Prior does not seem to have interfered very much so long as the dues were paid. A considerable amount of trade was

done, mainly by drapers and clothiers, and because of the slowness and inflexibility of the ordinary medieval courts they established their own 'court of pied poudres' with a jury of traders to settle disputes on the spot.

Towards the end of the seventeenth century the moral tone began to fall—it was no longer the responsibility of the Priory—and in 1668 Samuel Pepys paid a visit to it, seeing there an extraordinary performing horse—"the mare that tells noney, and many other things to admiration and among others, come to me when she was bid to go to him of the company that most loved a pretty wench in a corner. And this did cost me 12d. to the horse which I had flung him before, and did give me occasion to kiss a mighty belle fille."

At the Dissolution the rights in the Fair passed to Sir Robert Rich and then to Lord Kensington, from whom the City Corporation—which had been critical of the Fair for many years—bought them in 1830. The Corporation last held the Fair in 1855 and it has only been revived once, in 1923, during the octocentenary celebrations of this hospital. The spirit of the Fair has been well-captured in Ben Jonson's "Bartholomew Fair" which has been staged in recent years in both London and Edinburgh.

Throughout the Middle Ages, but especially under the first three Edwards Smithfield was the scene of magnificent joustings and tournaments, lasting many days and accompanied by much feasting and great ceremony. These have been vividly described by two medieval

chroniclers, FitzStephen and Froissart.

Nor was the entertainment of the poor forgotten, for until Tyburn (now Marble Arch) began to be used in Elizabethan times, Smithfield was the main place of execution for common criminals. In 1305 William Wallace, the Scots patriot, was executed there, and other notables included the Earl of Mortimer, who made a cuckold of Edward II by making a mistress of his Queen, and the Fair Maid of Kent, who in Edward VI's reign, fell an innocent victim of Archbishop Cranmer's religious intolerance. Many of Mary's 227 religious executions took place close to where the King Henry VIII Gate now stands. It was also in Smithfield that Lord Mayor Wallworth put an end to Wat Tyler's revolt in Richard II's reign. It is said that having felled him with a sword-cut Wallworth went on to hack the body in an uncontrollable fury, an action accounted for by contemporaries by the fact that Wat's men, in approaching the City through Southwark, had destroyed the large number of brothels there from which Wallworth drew much of his wealth.

Hanging and decapitation were the commonest forms of execution, with burning reserved for religious martyrs, and boiling for poisoners. FitzStephen describes how "this yeere was a cooke boyld in a caldron in Smythfelde for he would a-poysond the Bishop of Rochester, with dyvers of his servants; and he was locked in a chain, and pulled up and down with a gibbet at dyvers tymes til he was dede."

The meat market was one of the few things in Smithfield that Rahere did not found, for there is evidence that a cattle market, known as the King's Market, existed before his time, in the place where the public garden is now. It continued throughout the Middle Ages but no attempt was made to regulate it until 1615, when it was drained, paved and railed and some organisation was introduced.

There was a market held every day except Sunday, but the most important market days were Monday, when fat cattle and sheep were sold, and Friday, when horses were sold. The animals would be driven into the City overnight from outlying country districts—at enormous depreciation of value—and the market would begin at dawn, farmers and butchers coming from all over London and the Home Counties. The scene is most vividly described by Charles Dickens in "Oliver Twist." "It was market morning: the ground was covered nearly ankle-deep with filth and mire, and a thick steam perpetually rising from the reeking bodies of the cattle and mingling with the fog which seemed to rest upon the chimney pots, hung heavily above.

All the pens in the centre of the large area, and as many temporary ones as could be crowded into the vacant space, were filled with sheep, and tied up to posts by the gutterside were long lines of oxen, three or four deep. Countrymen, butchers, drovers, hawkers, boys, thieves, idlers and vagabonds of every low grade,

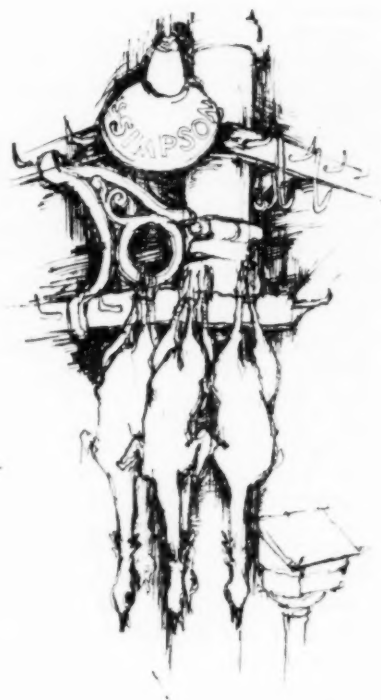


were mingled together in a dense mass. The whistling of drovers, the barking of dogs, the bellowing and plunging of beasts, the bleating of sheep, and grunting and squeaking of pigs; the cries of hawkers, the shouts, oaths, and quarrelling on all sides, the ringing of bells and the roar of voices that issued from every public house, the crowding, pushing, driving, beating, whooping, and yelling, the hideous and discordant din that resounded from every corner of the market and the unwashed, unshaven, squalid and dirty figures constantly running to and fro, and bursting in and out of the throng, rendered it a stunning and bewildering scene, which quite confused the senses."

Dickens was content to describe the scene, but others protested bitterly at the cruelty to the animals, the inconvenience to passers-by, especially churchgoers, the dislocation of traffic and the deterioration in the meat. One sententious Victorian writing a pamphlet for "the Association for promoting Rational Humanity" remarks tartly—"As the 'March of Intellect' opens improvement in all other trades, the London butchers cannot expect to be wholly exempt." Referring to the horse-market on Fridays, a City Officer wrote—"this market brings together all the thieves and rogues within 10 miles of London: it is the most abominable scene which can be imagined: if we interfere we are generally obliged to take our staves and fight." Another pamphleteer wrote—"The drovers may often be seen clambering, with lighted links in their hands, over the backs of the beasts, in places where it has not been possible to leave a free passage between the animals, and the barking of dogs, the shouting of men, and the moaning of the beasts under the reiterated blows of the drovers would rather remind one of Milton's or Dante's account of the regions guarded by Cerberus than the orderly arrangements with which the business of a civilised community is usually conducted."

For 20 years the protests grew in volume despite the opposition of the Butchers' Company and local publicans, and the success of the salesmen in packing the Court of Common Council of the City. At last, 100 years ago, in 1852, the live cattle market was moved to Copenhagen Fields at Islington, and the dead-meat market replaced it at Smithfield. There is little information of the part Bart's played in the protests, but the noise of the preparations for the market at night must have been as troublesome to patients then as the G.P.O. is now.

Just before the war the market employed 7,000 men and enjoyed a trade whose total value was £35 million a year, and the volume 30,000 tons a week. A private underground station lying under the public garden, as well as a large fleet of lorries, ensures rapid distribution to all parts of London and nearby counties. Butchers used to come from these districts to buy at the wholesalers' 'stances', often coming twice a day in order to benefit by the cheaper prices at the close of business. The meat porters were employed by the individual wholesalers, though a few acted as free-lances, bargaining for each day's employment. Like any other institution the meat market had developed its own customs and traditions, lending relief and colour to the day's work.



Now, and until meat rationing ends, all is changed. The market is deserted for much of the day, business being largely completed by noon. And it is not true business at all, for Smithfield is, in effect, just a vast warehouse, supplying butchers in the City and the West End with meat whose weight has been calculated to the nearest lb. and whose price is controlled by the Ministry of Food. Salesmen who used to arrive at 4 a.m. now travel at an hour more familiar to medical students, but all complain that much of the excitement has gone from their work.

Smithfield, whose life has been so riotous, so tragic and so exciting, is now as staid and respectable as the Men's Department at Harrods.

I. H. B.

EXAM RESULTS

SOCIETY OF APOTHECARIES Final Examination

<i>Pathology</i>	<i>Medicine</i>	<i>Surgery</i>	<i>March, 1952</i>
Ladell, R. C. H.*	Leach, J. W.*	Leach, J. W.	* Diploma Conferred

UNIVERSITY OF CAMBRIDGE Examination in Pharmacology for Medical and Surgical Degrees

Cowper-Johnson, H. F.	Gibbs, J. T.	Norbury, K. E. A.	<i>Lent Term 1952</i> Ogden, W. S.
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UNIVERSITY OF OXFORD 2nd M.B. Examination

<i>General Pathology & Bacteriology</i>			<i>Hilary Term, 1952</i>
Rewcastle, R. M.			
<i>Forensic Medicine & Public Health</i>			
Barber, P. J.	Davies, M. J. A.	Fairley, J. H.	Smith, J. H.
Green, H. E.	Skeggs, D. B. L.		
<i>Special & Clinical Pathology</i>			
Barber, P. J.	Fairley, J. H.	Green, H. E.	Smith, J. H.
Skeggs, D. B. L.			

CONJOINT BOARD First Examination

<i>Physiology</i>		<i>Anatomy</i>	<i>March, 1952</i>
Canning, W. C.	Greenwood, R. A.	Batterham, E. J.	
<i>Pharmacology</i>			
Austin, S.	Sherer, S.	Morgan, C. I.	Jones, A. R.
Geldhart, R. E. M.	Dunger, G. T.	Thomas, P. I.	Reid, K. M.
Marker, H. R.	Gray, J. M.	France, G.	

CONJOINT BOARD Final Examination

<i>Pathology</i>			<i>April, 1952</i>
Biddell, P. B.	Gretton, A. H.	McKerrow, M. B.	Watmough, G. C.
Clark-Wilson, L. J.	Kenney, P. M.	Maskell, J. F. A.	Ryan, A. M.
Cuthbert, D. M.	Lewis, J. A.	Mules, R. J.	
Daniels, R. G.	Luke, M. F.	Penty, P. R.	
<i>Medicine</i>			
Clappen, J. A.	Lewis, J. A.	Sarma, V.	
Cookson, T. S.	Middleton, G. W.	Thomas, H. A. J.	
Dodge, J. S.			
<i>Surgery</i>			
Brown, H. E.	Dodge, J. S.	Lewis, J. A.	Page, A. R. W.
Clappen, J. A.	Gretton, A. H.	Middleton, G. W.	Thomas, H. A. J.
<i>Midwifery</i>			
Bartley, R. H.	Brown, H. E.	Page, A. R. W.	Stoke, J. C. J.
Hall, M. C.	Heckford, J.	Hill, F. A.	Thomas, H. A. J.

The following students have completed the examination for the Diplomas M.R.C.S., L.R.C.P. :—

Cookson, T. S.	Lewis, J. A.	Sarma, V.	Thomas, H. A. J.
Dodge, J. S.	Hall, M. C.		

BART'S

by TIMOTHY BAKER

IN thinking back to my short stay at Bart.'s I find that, impressed as I was with the inner square and fountain, the hospital buildings, and the chapel, my strongest impressions are of the people of St. Bartholomew's Hospital.

My first contact with the hospital staff was with Dean Harris, who took time out from his busy teaching and administrative schedule to talk with me and arrange an assignment which would have the most educational value. After my interview he introduced me to Professor Christie, to whose firm I was attached for my stay. Unfortunately I was able to attend only one teaching session with Professor Christie, but that one session made me realise why the students hold him in such high regard as a teacher, physician and person.

When Professor Christie went on vacation, Dr. Hayward took over the bulk of teaching. I was embarrassed more than once when put on the spot by Dr. Hayward's question, "And how do they do this in the States?" when I was sure that he knew much better than I how they did it. I never failed to be amazed at the immense store of medical knowledge that he had. His teaching rounds were among the most thorough that I have ever attended; with one patient as a focal point for his discussion he would cover, not only the purely medical aspects of the case, but the economic and social as well.

In general, I feel that, in comparison to American teachers, the teachers at Bart.'s take more time and expound more fully on their clinical material, bringing out the interesting side-lights of a condition as well as driving home its salient points. The teachers never seemed too busy to answer questions. In particular I remember Dr. H. V. Morgan taking three of us around the ward for a whole morning demonstrating the signs of mitral stenosis and how to elicit them. Reading about it a hundred times would never have given me the clear picture I have as the result of his painstaking teaching.

Although I was attached to a medical firm, the attachment was loose enough to allow me time to visit other clinics and see operations. I remember particularly Mr. Alan Hunt's stimulating surgical outpatient clinic. Mr. Donald Fraser invited me to

attend several of his operations which were interesting, not only from a technical point of view but also for the "pearls" that he dropped as he talked during the procedure. Among the aforementioned doctors and all the other members of the staff that I met, although methods varied, there was one thing in common: the aim and desire to instruct. I can honestly say that I was taught more while I was at St. Bartholomew's than during any other single month of my life. During my stay I was quite dis-

I found the students at Bart.'s to be strikingly similar to medical students in the States. Although any medical school class is a group of individuals, I found the same types at Bart.'s as I had known at home: the specialist in esoteric knowledge, the would-be surgeon who could never hear heart murmurs, the man-of-parts whose outside business life left him little time to work up his patients, and so on. I always enjoyed my teatime talks with the English students, for it gave me a chance to hear their ideas on the National Health System, as well as to compare American and English systems of medical education. Most of all I was impressed by the helpfulness and hospitality of the students. They were always glad to give me advice on anything I needed to know, from what clinics were the most interesting to how to live cheaply in London. In any country there is no one who knows better than a medical student how to live cheaply!

Despite my greater interest in the men who make up St. Bartholomew's Hospital, I was far from unimpressed by the buildings and the traditions there. The beautiful, peaceful inner court with its trees and fountain is something one seldom finds in a mid-city hospital—I found it a perfect spot to sit and read over the material covered in the morning's clinics. I enjoyed being shown the beautiful staircase with the Hogarth murals, the Great Hall with the paintings of the famous men of the past of St. Bartholomew's, and the old chapel. When

In conclusion I must say that the thing that impressed me most about St. Bartholomew's Hospital was something which I found throughout the British Isles. This was the spirit of kindness and friendliness of everyone I met.

SIR MILSOM REES, G.C.V.O., D.Sc., F.R.C.S. Ed.

With the passing of Sir Milsom Rees at the ripe age of 86 a considerable figure in the practice of Laryngology between the two world wars has disappeared. He was a graduate of St. Bartholomew's who always retained a keen interest in his old hospital although he never held any post there either in the house or afterwards. He did, however, become a Governor of the Medical College which he helped in a practical way when appeals were made and the hospital has a lasting memorial to his generosity in the Milsom Rees operating theatre, the cost of which he defrayed when the surgical wing was built. In the practice of Laryngology he will chiefly be remembered for his association with music and musicians, particularly singers. Melba and Patti were patients of his and he had a permanent seat at Covent Garden as Consulting Laryngologist to the Opera. His was perhaps the greatest opinion on a singer's larynx in this or any country and was often the deciding factor on many occasions of doubt whether a performer could safely carry on without damage to the larynx. In other branches of the speciality he was not so interested or indeed so skilful.

He became laryngologist to King George V and his household in 1910, and held the post for the whole twenty-six years of the reign.

He had many interests outside medicine, both in business where he was a successful director of several companies, and in sport, chief among which he counted golf and the pursuit of big game. As a result of his large practice and success in business he became a wealthy man and it gave him pleasure to use his wealth in a host of substantial benefactions among which was a keen and practical interest in preparatory school education.

F. C. W. C.

CORRESPONDENCE**SIR PENDRILL VARRIER-JONES**

*The Editor,
St. Bartholomew's Hospital Journal.*

Dear Sir,

The article by Dr. Owen Clarke on Sir Pendrill Varrier-Jones brings to mind vivid memories of Papworth in its earlier days, and of the interest which V-J always showed in medical education and, of course, especially in Bart's men. I remember his address to the Abernethian Society, and how at the outset he captured the attention of his audience—"The first thing you will want to know must be where Papworth is. Well, Cambridge is near Papworth!" To take the Firm there not only gave the men perhaps their first and certainly their most important experience of practical social medicine, but also gave him the utmost pleasure.

He was a striking figure. He was above the average height, but his massive shoulders and slight stoop seemed to diminish somewhat his true stature. He had a fine head, and his dark complexion, piercing gaze and gentle but rather high-pitched voice, his bow tie and his manner of conducting one round the village almost as though he were producing an opera gave him the air of an impresario. He seldom wore a hat but always carried a walking stick and his spectacle case as he went on his rounds.

His achievement was due in part to his personality and his courage, but there were many other attributes without which this great experiment in social medicine could not have succeeded as it did. He was first a good doctor, and knew

and practised his subject both from the clinical and the research aspects before he ever undertook the rehabilitation of tuberculous patients. There were patients at Papworth in all stages of pulmonary tuberculosis—the criticism that he took only the slightly infected who were able to work was quite unfounded—and they graduated from hospital to chalet to hostel as they became convalescent and were able to undertake more and more work in the factories. Selection certainly was exercised when it came to picking the permanent residents in the village, but this was a selection on grounds of character, sociability and citizenship rather than on a clinical assessment. In his turn he was critical of the selection of patients for operative treatment—"The surgeons want watching, you know. They seem to want to operate on my best patients—even one of my own clerks who is now working six hours a day, and I would regard him as pretty stable, they want to cut out several of his ribs! Is this reasonable of them? Why don't they choose some of the ones I can't manage by myself?"

He was a great administrator. As Dr. Clarke has pointed out, he soon realised the fallacy of the "open-air job," but he knew equally well the uselessness of "a bit of raffia work." The factories he ultimately established for printing, and for making furniture, trunks and suit cases were all carefully worked out on the same principle—the machine did the work and all the man or woman had to do was to feed it and watch it—even a person with a very poor exercise tolerance could earn a living without doing himself the

slightest harm. When during the war it was necessary to introduce heavier work to fulfil certain government contracts fit people were brought in to do it; and so carefully was the hygiene of the tuberculous workers controlled that no harm came to the healthy ones. For the same reason the children born in the village of tuberculous parents did not develop the disease.

He was also an able man of business and tackled successfully the difficult problems of keeping the peace between Papworth Industries and the trade unions, and of obtaining sickness and unemployment benefits for patients who were yet fit for part-time employment. The industries were run on excellent business lines and each factory paid its way. But V-J was never satisfied; he was always planning new buildings—a surgical block with a perfectly equipped theatre, or a new factory—and for these projects he was always in need of money. He was a magnificent beggar and was able to interest many influential and wealthy people, from the very highest in the land, in his schemes. I remember an Annual General Meeting at which after he had given a review of the year's work and all the new projects, he went on—"Of course all this, most unfortunately, will cost money. You may say, 'Why not get it out of the bank?' Well, I have been to the bank and the manager is very worried about my large overdraft. I said I was sorry he was so worried, and I even offered to take the overdraft away and put it in another bank, but he didn't like that at all." Of course, cheque books came out at once to try and help this worthy but "most unbusinesslike" doctor out of his difficulties.

His restless insatiable enthusiasm for helping the sub-efficient man to earn his living in a sheltered job did not stop at tuberculosis, and we had many discussions about the employment of men who had lost limbs in industrial accidents. From this idea sprang Enham-Alamein, and thus what V-J had planned for men disabled in peaceful occupations has developed into a great institution for the employment of those disabled in war. He often wished that the Papworth principle would be adopted on a National scale supported by the Treasury, but that he never lived to see. History records how many institutions started by private enterprise and proved to be of benefit to the public have subsequently been taken over by the State. During the past few years much has been done in the way of establishing centres for rehabilitation and resettlement, but most of them still fall far short of the ideals which V-J pursued, and even captured. At Papworth and Enham the work is being ably carried on by Dr. Trail and his collaborators who learnt it from the Founder himself. It is of the first importance that his teaching should be widely disseminated, and many of Sir Pendrill's old friends will be grateful to you, Sir, for publishing this article about him and his great contribution to social medicine.

I am, Sir,

Yours, etc.,

J. PATERSON ROSS.

Dunn Laboratories.

Readers may be interested to read the Obituary of Sir Pendrill Varrier-Jones, which Mr. Geoffrey Keynes wrote in the *Journal* for April 1941.

TOO MUCH SHERLOCK HOLMES

The Editor,

St. Bartholomew's Hospital Journal.

Dear Sir,

I am well aware that from Sherlock Holmes's fans to whom their idol is sacrosanct, I shall invite contempt and scorn as well as hatred. Nevertheless, I venture to suggest that addiction to their pastime is somewhat overdone, and seems a little puerile to onlookers.

Up to a point I admire their ingenuity in deductions from what has to be regarded as true history. But it would all be more appropriate if Conan Doyle had written with a realisation of such a future possibility. The circumstances in which the individual stories were produced have inevitably led to inconsistencies, anachronisms and flat contradictions: so that the attempt at reconciliation is rather like solving a jig-saw puzzle in which some of the pieces are missing and others completely extraneous have been added.

I yield to no one in admiration of the genius that created fictitious characters who are almost universally accepted as actual living beings. But what perhaps inspires my protest is my enthusiasm as a "Conan Doyle fan." For he was a superlative writer; and I feel that a disproportionate worship of Holmes and Watson diverts his claim to immortality through his really great works—Rodney Stone, The White Company, Round the Red Lamp, The Stark Munro letters, Micah Clark, to mention only a few.

Recently, in conversation with one of the leaders of the Sherlock Holmes's Society (or whatever it is called), I gathered that he had not read one of these, and, *horrible dictu*, had never even heard of them!

I am,

Yours diffidently,

ADOLPHE ABRAHAMS.

Brook Street, W.1.

EPITAPHS

The Editor,

St. Bartholomew's Hospital Journal.

Dear Sir,

Under the caption "Worthy of Mark Twain" (*Journal*, February), the postscript runs, "Can anyone think of an innocent explanation?"

Yes: Christ. Burroway was acquainted with French literature and has rendered into English rhyme the first few lines of one of the letters of Madame de Sabraw to the Marquis de Boufflers. They run as follows:—

"J'ai pour toi tous les sentiments: je t'aime comme une mère, comme ta Soeur, comme ta fille, comme ton amie, comme ta femme et mieux encore comme ta maîtresse."

Surely the expression of the perfection of love in the most beautiful of languages for this theme?

Yours, etc.,

GERALD STANLEY.

Plymouth.

HOBBIES

The Editor,

St. Bartholomew's Hospital Journal.

Dear Sir,

With reference to the subject, which, unfortunately, wasn't raised in your last issue, namely "Hobbies for Medical Students," may I tell you

about my grandfather. For years he has had a fascinating pastime. It is interesting, educative, useful, inexpensive and requires no intelligence. He collects "Bottles with notes in."

Every warm, sunny afternoon, he goes down to the beach with his rug and pillow (in summer he takes his spy-glass as well) and waits for "bottles with notes in" to be washed ashore; mind you, he hasn't found one yet, but he tells me that it is a very relaxing sort of hobby.

Yours, etc.,

R. HUWS.

Abernethian Room.

WELSH MOUNTAIN NAMES

The Editor,

St. Bartholomew's Hospital Journal.

Sir,

Hogarth is perilously near precipitating civil war were it not that his letter is written by one who finds sheep intelligent.

He should change his pseudonym, for his great namesake found beauty even in the curves of a chamber pot.

I would indeed to very goodness take comfort in the Scotch, if I knew where to buy a bottle.

Yours respectfully,

I. G. WILLIAMS.

Harley Street, W.1.

OXYGEN AND EVEREST

The Editor,

St. Bartholomew's Hospital Journal.

Dear Sir,

I was most interested in the article by Professor Matthews on "The Physiological Problems of Mount Everest."

Before the war, I gave a good deal of thought to this subject, and came to the conclusion that the summit would not be reached unless the problems of oxygen inhalation and prevention of heat loss were tackled scientifically. Very briefly the position appeared to me that as a man ascended, the partial pressure of oxygen gradually fell until if he exerted the utmost will power and determination, a point was reached where his utmost efforts of breathing just supplied enough oxygen for his vital functions, and at that point, he would be unable to perform a single voluntary movement and would inevitably die unless rescued by another climber with oxygen equipment. Although there are several variables, I calculated that this point would be reached at between 28,500 feet, and 29,500 feet. As Mount Everest is believed to be approximately 29,000 feet high, it appeared to me that it could only be climbed without oxygen by an exceptionally fit man, acclimatised to exactly the right extent and who had not deteriorated after this. The fact that anoxia prevents clear thinking would make the already great natural hazards even greater.

I eventually worked out a simple respirator which I think would solve the problems of oxygen therapy and prevention of heat loss simultaneously. The climber holds in his teeth an oval mouth-piece which is attached to a short length of wide bore corrugated rubber tubing which leads to the inside of a double waistcoat on the lines of the Paul-Bragg respirator. This contains a carbon

dioxide absorber in the form of soda-lime encased in flat muslin bags which could be replaced simply and quickly by undoing a zip fastener. The oxygen supply was carried in a vibrac or other light alloy cylinder suspended horizontally from the shoulders.

Unfortunately the calculations and drawings of this equipment were lost by enemy action during the war, but I believe that at altitudes of around 28,000 feet, a climber breathing from the apparatus alone, could do hard physical exercise for over two hours on one light 33-gallon cylinder and 1½ lbs. of non-hygroscopic soda-lime. If two cylinders were carried, the first could, of course, be jettisoned when used up. It appears to me that a great deal of body heat would be retained by using the closed-circuit principle, not only from the expired air, but also by the chemical action of the carbon dioxide on the soda-lime, as in the ordinary anaesthetic canister. This would have the advantage of preventing the rubber from getting hard and brittle which up to now has been one of the bugbears of oxygen equipment, and the fact that the climber is breathing a warm saturated atmosphere should minimise the intense discomfort of a dry and parched throat which is inevitable if he is breathing deeply through an open mouth at these altitudes and temperatures.

I have no idea what type of oxygen apparatus the Swiss expedition has taken with them but I would suggest that some type of closed-circuit technique is essential for success.

So far as I know, the oxygen equipment carried up to the present time has been of a very crude nature, and as the closed-circuit principle has not been utilised, the weight of the cylinders has been excessive.

Yours faithfully,

C. LANGTON HEWER.

Department of Anaesthesia.

COLLEGE HALL

The Editor,

St. Bartholomew's Hospital Journal.

Dear Sir,

We, being permanent or compulsory residents of the new College Hall, wish to protest at the rule forbidding residents to entertain members of the opposite sex in their rooms.

Officially, one is meant to entertain guests in a ground-floor room which is unattractive and quite inadequate for nearly 100 residents. It seems a great pity that life at the hostel, which must be one of the finest of its kind in Britain, should be marred by this restriction, which leads to such anomalies as that one cannot entertain tea members of one's own firm—nor even one's wife! Surely it is unreasonable to treat clinical students—many of them ex-Servicemen—in such a manner?

We are not unmindful of the fact that there must be some special regulations in a mixed hostel, but we would like to suggest that a trial period be instituted during which residents can entertain guests in their own rooms.

Yours faithfully,

JUNE BRADY, PETER BURROWS, DUNCAN THOMAS.
College Hall.

PHOTOGRAPHIC SOCIETY

The Photographic Society held its annual View Day Competition on May 6th, when Mr. E. R. Ginger came to judge the entries. He thought the standard of entries was high and the technique equally so but that composition needed more care. After two hours of careful and detailed criticism he selected the superb photograph by Adrian Griffith of the Helsinki children's hospital as the winning print. On View Day a most successful exhibition was held in the Library, by kind permission of the Librarian, all the entries were displayed, and in addition some delightful colour transparencies.

FENCING CLUB

On May 7th we met St. Thomas's in the Finals of the University Inter-Collegiate Fencing Trophy. The match was an extremely good one and the result very close; the number of wins was 8 each. Bart's winning by 55 hits to 53. Much of the fencing was a great pleasure to watch—in particular Beasley's fight with Reynolds, an Olympic foilist. Beasley's victory preserved his splendid record of never having lost a fight for Bart's. The support given by members of the hospital at this contest in Senate House was greatly appreciated by the members of the Fencing Club.

MEN'S TENNIS CLUB

1st VI. v. R.M.A. Sandhurst 1st VI.
Result: Lost 4-5

The first fixture of the season proved a close affair, but we showed that our old defect is dying hard, viz., our inability to raise our game slightly at the crucial moment.

At tea time each pair had lost one match and won one—and we stood 3-3.

Resuming, Havard and Davies scored quickly and convincingly. Mellows and Forget could only lose by a shaky score. By that time, Dowie and Pearsons were playing well in the decider of their three closely-fought sets. A slight relaxation in concentration cost Pearsons his service and they were 5-3 down. Although perceptibly score-conscious, they produced some of the best rallies of the afternoon. At 5-4 down, Dowie served and played well to reach 5-5, but in the next two sets their opponents well deserved to win.

CHESS CLUB

The Club is coming to the end of its most active season since its formation in 1949.

In the Eastern Section of the Second Division of the University of London Chess League, the following matches have been played.

v. Chelsea Polytechnic	Won
v. Northampton Engineering College	Drawn
v. Imperial College II	Lost
v. Woolwich Polytechnic	Drawn
v. Sir John Cass College	Won

A friendly match against Guy's Hospital was won by the Club.

Dr. France, of the Bromley Chess Club, has given a cup to be played for annually, between Bart's and Bromley, for "the encouragement of chess at Bart's." Two very enjoyable matches have taken place between the two Clubs this year. Bart's won the first, played at Charterhouse, and Bromley the second, at Bromley, where we were entertained very hospitably indeed. It was decided that the cup, for its inaugural year, should be held by Bart's, who have a superiority on points over Bromley in matches played so far between the Clubs.

The best wishes of all members of the Club go to A. G. May, who left the Hospital to take up a post at Epsom early this year. With M. B. Watts, May was the moving spirit behind the formation of the Club in 1949.

UNITED HOSPITALS SWIMMING CLUB

An Inter-Hospital Swimming Gala will be held on June 11th, 1952, at Seymour Hall Swimming Pool, Seymour Place, Marylebone, W.1 (near Marble Arch).

This is the first event of its kind since 1938 and it is hoped that keen support will be forthcoming in order to re-establish the Gala in its former position on the Inter-Hospital calendar.

Since the last Gala, changes in the rules have made Water Polo a faster and more attractive game from the spectators' point of view. A match will be played between United Hospitals and Cambridge University.

Tickets (5s. and 2s. 6d.) may be obtained from the Club Secretaries of individual Hospitals or from the United Hospitals Swimming Club (Hon. Treasurer: E. A. M. Tuck, St. Mary's Hospital Medical School, Paddington. Hon. Secretary: H. M. Thomas, London Hospital Medical College, Whitechapel).

BOOK REVIEWS

ALICE AND THE STORK, by Egbert Morland, Hodder & Stoughton, pp. 87. Price 7s. 6d.

This is the fascinating story of Alice Gregory who with her two colleagues created the training school for midwives at Woolwich. Throughout her life she strove to raise the status of the midwife. Egbert Morland is to be congratulated on the story he has woven from material supplied by Maud Cashmore. The reader is treated to glimpses into the life of a "pro" at "New Hospital, Euston Road"; into the Midwife's Log; into the very life of Alice Gregory.

TEACHING IN SCHOOLS OF NURSING, by A. M. Jackson and K. F. Armstrong, New Edition, Published by Faber & Faber, pp. 263. Price 12s. 6d.

The newly qualified sister tutor will read this edition with profit, for, if not an inspiring book, it is honest and sincere and contains plenty of information. In view of the widespread interest in new schemes of training, it would have been interesting to read about future developments as well as descriptions of long-established methods of teaching.

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CONTRACEPTIVE TECHNIQUE, by Helena Wright, M.R.B.S., J. & A. Churchill Ltd., pp. 68 + x. Price 6s.

It is a useful work with a fund of information and illustrations. It must be appreciated, however, that no book can replace the experience which any practitioner advising his patients must have. Such experience can only be gained in Birth Control Clinics and it is in conjunction with this that the book will be valuable.

MEDICAL BACTERIOLOGY, by Sir Lionel Whitby and Martin Hynes, Fifth Edition (Pages 544 + Figs. 92). Churchill Ltd. Price 22s. 6d.

This text-book of bacteriology is authoritative and convenient, it adopts a clinical approach to the subject, and may be preferred by some to other more academic books. The title does not do justice to the full scope of this book, which includes large sections on viruses, fungus conditions, and parasitic infestations. The style diagrams are clear, a thing which cannot always be said of the arrangement of the matter, so that it is often difficult to turn up some subject quickly, and the index must be used frequently.

HANDBOOK OF DISEASES OF THE BLOOD, by A. Piney, Harvey and Blythe, 1951, pp. 213. Price 21s.

This is a neatly and well-produced book aiming at "depicting haematology as a primarily bedside subject which is the province of the physician," an object commendable enough, but hardly achieved. Some may find this book useful, but others like the reviewer may prefer to turn to older and more established books.

PATHOLOGICAL HISTOLOGY by Robertson F. Ogilvie, Fourth Edition, 1951. Livingstone, pp. 506 + 295 illustrations in colour. Price 40s.

This book has now reached its fourth edition in eleven years of difficult publishing, which indicates to some extent its deserved popularity. The text and illustrations are a useful companion to the practical course and will be found invaluable to revision. The text is good, and the illustrations, made by the Findlay process of colour photography, represent the most useful part of the book; and although a temptation to arm-chair histology, it will repay a careful study and comparison with the actual microscope slide.

MEDICAL DISORDERS OF THE LOCOMOTOR SYSTEM by Ernest Fletcher.

Second Edition, 1951. Livingstone, pp. 884 + 377 illustrations. Price 60s. This second edition follows the same arrangement as the first but chapters have been added on pain, the physiology and pathology of bone, synovial fluid, synovial mucin, laboratory findings, neuralgia and neuritis, the collagen diseases, psychiatric aspects of locomotor disorders and hydrotherapy. A timely discussion on cortisone, ACTH and the adaptation syndrome is contained within the first Appendix.

AIDS TO PRACTICAL NURSING, by Marjorie Houghton, 7th Edition. Published by Baillière, Tindal & Cox, pp. 378, figs. 57. Price 5s.

Miss Houghton's useful and sensible little book has been brought up to date again.



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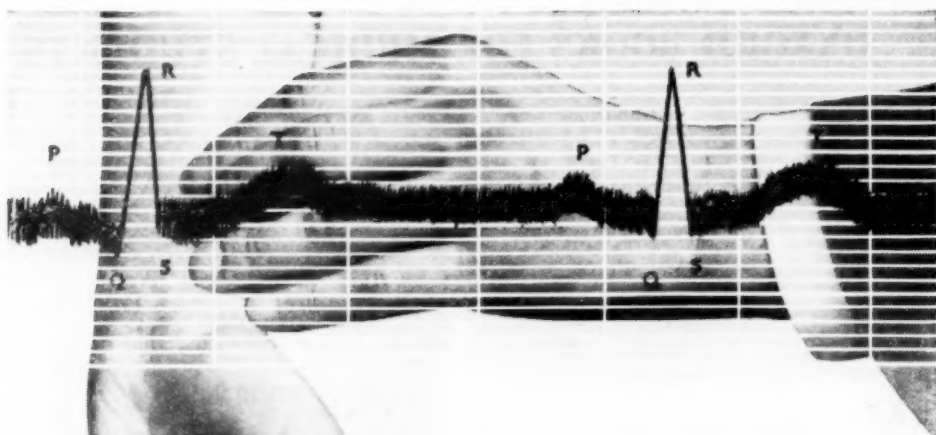
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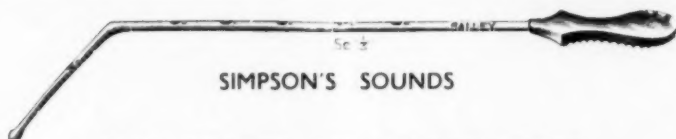
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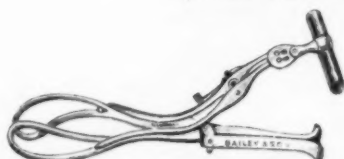
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